02-22-05

PTO/SB/21 (09-04)
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der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/814,703 M TEANSMITTAL Filing Date March 30, 2004 First Named Inventor **FORM** Yuanpeng Zhang Art Unit 1636 Examiner Name Tara L. GARVEY d for all correspondence after initial filing) Attorney Docket Number ARC 3079 R1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC  $|\mathbf{X}|$ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) 1. Return Receipt postcard; 2. Transmittal form (this sheet, 1 pg.); Reply to Missing Parts/ 3. Fee Transmittal (1 pg., in duplicate); Incomplete Application Reply to Missing Parts 4. Response/Amendment under Rule 1.111 (12 pp.); under 37 CFR 1.52 or 1.53 5. Information Disclosure Statement (2 pp.); 6. MPEP 609D Form (1 pg.); and 7. References AL - AV (11 references). SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name ALZA Corporation Signature Printed name Philip S. Yip Reg. No. Date 37,265 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date 02/17/2005 Nadine Tono Typed or printed name

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Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control of								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
~	Application Nu		10/814,703					
FEE TRANSMITTAL For FY 2005							arch 30, 2004	
				First Named In		Yuanpen		
Applica Paiams small entity status. See 37 CFR 1.27				Examiner Nam	ie		GARVEY	
TOTAL AMOUNT OF PAY	-	180.00		Art Unit	1636	<del></del>		
TOTAL AMOUNT OF PAT	MENT (\$)	100.00		Attorney Docke	et No.	ARC 307	/9 R1	
METHOD OF PAYMEN	T (check all f	that apply)						
Check Credit Card Money Order None Other (please identify):								
X Deposit Account	Deposit Account	Number: 10	0 <u>-0750</u>	Deposit A	Account Na	ame:	Johnson	& Johnson
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s	s) indicated bel	ow		Char	ge fee(s)	indicated b	elow, excep	ot for the filing fee
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAI	FILING F	EES		RCH FEES	EXAM	MINATION		
<b>Application Type</b>	<u>Sr</u> <u>Fee (\$)</u>	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee	Small ( (\$) Fee		Fees Paid (\$)
Utility	300	150	500	250	200			
Design	200	100	100	50	130			
Plant	200	100	300	150	160			
Reissue	300	150	500	250	600	0 300	)	
Provisional	200	100	0	0	(		0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)  Small Entity Fee (\$) Fee (\$) 50 25								
Each independent cla	aim over 3 (i		ues)				200	100
Multiple dependent of			_				360	180
<u>Total Claims</u> 18 - 20 or HP =	Extra Claim ()	<u>rs Fee (\$)</u> x ()	<u>Fe</u>	e Paid (\$)			ultiple Depe ee (\$)	ndent Claims Fee Paid (\$)
HP = highest number of total	al claims paid for	r, if greater than 20.				<u> </u>	ee (*)	rec raiu (y)
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3. APPLICATION SIZE	FEE				•		-	
If the specification and listings under 37 C								
sheets or fraction the		35 U.S.C. 41(a)	)(1)(G)	and 37 CFR 1.	.16(s).		iliy) ioi ou.	Il auditional Jo
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 50 or fraction thereof 250.00 = 0.00								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): Information Disclosure Statement 180.00								
SUBMITTED BY								
	wyn.	75	Ī	Registration No.	37	,265	Telephone	650-564-7054

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Date

February 17, 2005

Name (Print/Type) Philip S. Yip